

Exit Policy

When leaving the program, I, _____, accept full responsibility for the removal of all my clothing and personal belongings. I will make an appointment during regular business hours to remove all of my belongings within 30 days of my departure. I understand that after 30 days, the program will dispose of my clothing and belongings. I also understand that articles not suitable for storage may be destroyed.

Resident Signature: _____ Date _____

Witness Signature: _____ Date _____

